


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000034552	
1. Entity Name STUDENT SUPPLY SYSTEMS, COMPANY	

Principal Place of Business P.O. BOX 1066 PANAMA CITY, FL 34202	Mailing Address P.O. BOX 1066 PANAMA CITY, FL 34202
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DO NOT WRITE IN THIS SPACE



04022005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DREW, JOHN W
1208 WEST COURT 11TH STREET
P.O. BOX 1066
PANAMA CITY, FL 32408

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John W Drew DATE 04/05/2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DREW, PATRICIA M 1208 W. 11TH PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DREW, JOHN W JR 3406 W. 16TH STREET PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DREW, MICHAEL RORY 1208 W. 11TH STREET PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/05/05-80020-017 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John W Drew Agco 04/05/2005 850785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #